

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7/26/05

2 Serial/Patent # 10526739

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND

\$300.00

8 TO BE REFUNDED BY:

Treasury Check

Credit Deposit A/c #:

9 19--1090

10 REASON:



Overpayment

Duplicate Payment

No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: BARBARA CAMPBELL

TITLE:

SIGNATURE: BAC

PHONE: 703 308-9140

OFFICE: PCT/DO/EO

ET 217

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____

DATE: _____

Repln. Ref: 07/27/2005 BCAMPBEL 0022033300
DAH:191090 Name/Number:10526739
FC: 9204 \$300.00 CR

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**